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PTO/SB/17 (07-06)
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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2006

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT ($) 120.00

Complete if Known	
Application Number	10/681,571-Conf. #9229
Filing Date	October 8, 2003
First Named Inventor	James Dasch
Examiner Name	E. J. Webman
Art Unit	1616
Attorney Docket No.	000166.2040-US01

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☐ Deposit Account Deposit Account Number: 50-0740 Deposit Account Name: Covington & Burling LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
Application Type	Fee ($)	Fee ($)	Fee ($)	Fee ($)	Fee ($)	Fee ($)	Fees Paid ($)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee ($)	Small Entity Fee ($)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee ($)	Fee Paid ($)
_____ - 20 =	_____	x _____	= _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee ($)	Fee Paid ($)
_____ - 3 =	_____	x _____	= _____

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims	
Fee ($)	Fee Paid ($)
_____	_____
_____	_____

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is $250 ($125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee ($)	Fee Paid ($)
_____ - 100 =	_____	/50 _____ (round up to a whole number) x	_____	= _____

4. OTHER FEE(S)

	Fees Paid ($)
Non-English Specification, $130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 1251 Extension for response within first month	120.00

SUBMITTED BY					
Signature	Andrea G. Reister	Registration No. (Attorney/Agent)	36,253	Telephone	(202) 662-6000
Name (Print/Type)	Andrea G. Reister			Date	March 9, 2007

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MAR 09 2007
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PTO/SB/22 (09-06)
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless if displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)	Docket Number (Optional) 000166.2040-US01
Application Number 10/681,571-Conf. #9229	Filed October 8, 2003
For METHOD OF MODIFYING THE RELEASE PROFILE OF SUSTAINED RELEASE COMPOSITIONS	
Art Unit 1616	Examiner E. J. Webman

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

		Fee	Small Entity Fee	
[x]	One month (37 CFR 1.17(a)(1))	$120	$60	$ 120.00
[ ]	Two months (37 CFR 1.17(a)(2))	$450	$225	$
[ ]	Three months (37 CFR 1.17(a)(3))	$1020	$510	$
[ ]	Four months (37 CFR 1.17(a)(4))	$1590	$795	$
[ ]	Five months (37 CFR 1.17(a)(5))	$2160	$1080	$

[ ] Applicant claims small entity status. See 37 CFR 1.27.

[x] A check in the amount of the fee is enclosed.

[ ] Payment by credit card. Form PTO-2038 is attached.

[ ] The Director has already been authorized to charge fees in this application to a Deposit Account.

[x] The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-0740 . I have enclosed a duplicate copy of this sheet.

I am the

[ ] applicant/inventor.

[ ] assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

[x] attorney or agent of record. Registration Number 36,253

[ ] attorney or ~~agent~~ under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____

Andrea G. Reister
Signature

March 9, 2007
Date

Andrea G. Reister
Typed or printed name

(202) 662-6000
Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

[ ] Total of 1 forms are submitted.

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